Campaign Statement Cover Page			CITY CL	VEU CALI	ORNIA 460				
	Statement covers period from 7/01/2020	Date of election if applicable: (Month, Day, Year)	20 SEP 24	PH I 47 F	of				
SEE INSTRUCTIONS ON REVERSE	through 9/20/2020	11/03/2020	CITY OF COS	TA MESA					
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	0						
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	ermination)	Quarterly State Special Odd-Yo					
s. Committee information	NUMBER Ending	Treasurer(s)							
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			······································				
Komala For Costa Mesa City Council District 1, 2020		Jason Komala MAILING ADDRESS							
		1590 Adams Ave #1140							
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE				
1590 Adams Ave #1140		Costa Mesa	CA	92628	949.423.3695				
		NAME OF ASSISTANT TREASURE	ER, IF ANY						
Costa Mesa CA 92628 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	949.423.3695	MAILING ADDRESS							
1590 Adams Ave #1140		WW.LEINO/IDDINESO							
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE				
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS						
. Verification	·········				· · · · · · · · · · · · · · · · · · ·				
I have used all reasonable diligence in preparing and reviewing			herein and in the attacl	hed schedules is t	rue and complete. I				
certify under penalty of perjury under the laws of the State of C	california that the foregoing is true and c	orrect.							
Executed on 9/24/20	Ву	Cignatures Liveness or Assistant	reasurer						
Executed on Plate	By Signature of Coales	ang Cificenoider, Candidate, State Measure Pro		of Sponsor					
Executed on	By	nature of Controlling Officeholder, Candidate, St		·					
Executed on	Ву								
Date	Sig	nature of Controlling Officeholder, Candidate, St	ate Measure Proponent						

FPPC Form 460 (Jan/2016))

COVER PAGE

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

## Recipient Committee Campaign Statement Cover Page — Part 2

19:10	COVER PA	GE - PART 2
CALI F	FORNIA ORM	460
Page _	Z.	7

			NAME OF BALLOT MEASURE				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Jason Komala							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ON	SUPPOR	
City Council District 1						OFF03.	_
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STATES)  1590 Adams Ave #1140	TREET) CITY STATE ZIP  Costa Mesa CA 92628		Identify the controlling office	eholder, candi	date, or state measur	e proponent, if	any.
1590 Adams Ave #1140	Costa Mesa CA 92026		NAME OF OFFICEHOLDER, CA	NDIDATE, OR	PROPONENT	T II	
Related Committees Not Included in not included in this statement that are controlled contributions or make expenditures on behalf of	d by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRI	CT NO. IF ANY	
COMMITTEE NAME	I.D. NUMBER						
		7.	Primarily Formed Cane	didate/Offic	eholder Committe	ee List names o	of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s,	for which this	committee is primarily	formed.	
	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR		
COMMITTEE ADDRESS STREET ADDRESS						HEID I	
	s (NO P.O. BOX)			CANDIDATE	0,1102 000 0111 011	□ s	SUPPOF
CTATE	`						OPPOSE
CITY STATE			NAME OF OFFICEHOLDER OR		OFFICE SOUGHT OR	HELD S	
CITY STATE	`					HELD SI	PPOSE
CITY STATE	`		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SI	OPPOSE OPPOSE
	ZIP CODE AREA CODE/PHONE			CANDIDATE		HELD SI	OPPOSE SUPPOSE SUPPOF
COMMITTEE NAME	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SI	OPPOSE OPPOSE
	I.D. NUMBER  CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SI	OPPOSE SUPPOSE SUPPOSE
COMMITTEE NAME	I.D. NUMBER  CONTROLLED COMMITTEE?  YES \( \sqrt{N}\) NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SI	DPPOSE SUPPOR DPPOSE SUPPOR
COMMITTEE NAME	I.D. NUMBER  CONTROLLED COMMITTEE?  YES \( \sqrt{N}\) NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SI	OPPOSE SUPPOSE SUPPOSE
COMMITTEE NAME	I.D. NUMBER  CONTROLLED COMMITTEE?  YES \( \sqrt{N}\) NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD SI	DPPOSE SUPPOR DPPOSE SUPPOR

## **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA from <u>7/1/20</u>20 FORM Page 3 through 9/28/2020 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Pending Komala For Costa Mesa City Council District 1, 2020

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$	2000 2000 0	\$ \$	0 2000 2000 0 2000	1/1 through 6/30 7/1 to Date  20. Contributions Received \$\$  21. Expenditures Made \$\$			
Expenditures Made  6. Payments Made	\$	1487 0 1487 0 0 0 1487	\$ \$	1487 0 1487 0 0 1487	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)			
Current Cash Statement  12. Beginning Cash Balance	\$		ad A t am of an be she pre this file	calculate Column B, d amounts in Column to the corresponding mounts from Column B your last report. Some mounts in Column A may negative figures that could be subtracted from evious period amounts. If is is the first report being d for this calendar year, by carry over the amounts in Lines 2, 7, and 9 (if y).	*Amounts in this section may be different from amounts reported in Column B.			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	2000			FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772			

www.fppc.ca.gov

Schedule A			its may be rounded		SCH	SCHEDULE A			
Monetary Contributions Received		to	whole dollars.	Statement cov	ers period	CALIFORNIA 460			
				from 7/1/2020		FC	ORM		
SEE INSTRUCTION	S ON REVERSE			19 through 9/25/2020		Page	4 of_	7	
NAME OF FILER			<del></del>	<u> </u>		I.D. NU	MBER		
Komala For Co	sta Mesa City Council District 1 , 2020					Pendin	g		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE T	O DATE	PER ELEC	TION	
RECEIVED	CONTRIBUTOR	CODE *	OCCUPATION AND EMPLOYER	RECEIVED THIS	CALENDAR Y	'EAR	TO DAT	Æ	
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	(IF SELF-EMPLOYED, ENTER NAME	PERIOD	(JAN. 1 - DEC	. 31)	(IF REQUI	RED)	
		□IND							
		СОМ				1			
		□OTH □PTY		:		l			
		SCC							
		□IND					,		
		□сом				1			
		□отн							
		□PTY							
		scc							
ĺ		□ сом □ отн			ľ	1			
		□ PTY							
		scc			ł	ł			
		□IND	*			$\overline{}$			
		□сом			1	-			
		□отн							
		□PTY				1			
		□scc				$\longrightarrow$			
		□ IND							
		СОМ							
		□OTH □PTY							
		scc							
			SUBTOTAL \$						
Schedule A	Summary		- 12:		*Con	tributor Co	ndes		
	ved this period – itemized monetary contribution	ıs.		Ø	IND -	- Individua	al	ĺ	
(Include all S	chedule A subtotals.)		\$ —	<i>V</i>	1 001		ent Committee han PTY or SC	(C)	
2 Amount recei	ved this period – unitemized monetary contributi	ions of less than	\$100 \$	Ø		– Öther (e – Political	e.g., business e Partv	entity)	
z. Amount recei	Tod this period – diliterinized monetary continual	iona or icaa uidii	¥100 →				Contributor Com	nmittee	
	ry contributions received this period.			N	<u> </u>				
(Add Lines 1	and 2. Enter here and on the Summary Page, C	olumn A, Line 1.	) <b>TOTAL</b> \$_\	<u></u>		FPPC	Form 460 (Jar	n/2016))	

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

	Am	nounts may be ro	unded	_			SCHE	OULE B - PART
Schedule B – Part 1 Loans Received		to whole dollar			Statement coverage from 7/1/2020	ers period	CALIFORN FORM	<sup>11A</sup> 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Komala For Costa Mesa City Council District	1 , 2020				19 <u>9/23/20</u> through 9/23/20	20	Page 5  I.D. NUMBER  Pending	of_7_
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	I BALANCE AT	(e) INTEREST PAID THIS PERIOD		CUMULATIVE CONTRIBUTION TO DATE
Jason Komala 1590 Adams ave #1140 Costa Mesa, CA 92628  DIND COM OTH PTY SCC	Target Corporation Director	\$	\$ <u>2000</u>	\$ FORGIVEN  FORGIVEN	\$ 2000 DATE DUE	0 % RATE %	\$ 2000  DATE INCURRED  \$	\$ 2000  PER ELECTION  CALENDAR YEA  PER ELECTION
IND COM OTH PTY SCC		s	\$ \$	\$ PAID \$ FORGIVEN \$	SDATE DUE	\$	\$DATE INCURRED	\$ CALENDAR YEA \$ PER ELECTION \$
Schedule B Summary  Loans received this period		UBTOTALS \$		200	-	Enter (e) on Sch	nedute E, Line 3)	
(Total Column (b) plus unitemized loans 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100	s of less than \$100.)					2	†Contributor Codes IND – Individual	ommittee

(May be a negative number)

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A. \*\* If required.

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

## Schedule C **Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA** from  $\frac{7/1/20}{}$ **FORM** through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Komala For Costa Mesa City Council District 1, 2020 **Pending** IF AN INDIVIDUAL, ENTER **CUMULATIVE TO** FULL NAME, STREET ADDRESS AND AMOUNT/ PER ELECTION DATE CONTRIBUTOR OCCUPATION AND EMPLOYER **DESCRIPTION OF** DATE ZIP CODE OF CONTRIBUTOR FAIR MARKET TO DATE CODE\* RECEIVED (IF SELF-EMPLOYED, ENTER GOODS OR SERVICES CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) VALUE (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) □сом Потн □ PTY □scc □сом Потн □ PTY SCC □сом Потн □ PTY □ scc □сом Потн □ PTY □ scc Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$** \*Contributor Codes

5	chedule C Summary	
1	Amount received this period – itemized nonmonetary contributions	

(include all Schedule C subtotals.).....\$ 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 ....... $\frac{0}{2}$  IND - Individual COM -- Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

3. Total nonmonetary contributions received this period.

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

SCHEDULE C

Schedule	E
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from //1/2020 199 through 9/28/2020	Page 7 of 7
<u> </u>	I.D. NUMBER
	Panding

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Komala For Costa Mesa City Council District 1, 2020 Penaing

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL. polling and survey research staff/spouse travel, lodging, and meals TRS independent expenditure supporting/opposing others (explain)\* IND POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF PRO professional services (legal, accounting) LEG legal defense VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Vista Print 95 Hayden Ave, Lexington, MA, 02421	LIT	Hand Outs	673
Build a Sign 11525 Stonehollow Dr. Suite 100 Austin, TX 78758	LIT	Yard Signs	504
Faceboook 1 Facebook way Menlo Park, CA. 94025	WEB	Boosted Posts	310

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SI	10	T	^	T	A		¢
ЭL	30	1	u	ш	м	ᆫ	ъ

## **Schedule E Summary**

1. ľ	temized payments made this period. (Include all Schedule E subtotals.)\$	1_ ذ	1487
	Unitemized payments made this period of under \$100\$	;	
	Fotal interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	<u>ـ</u> ــ ذ	
	TOTAL \$		487